

CHECKLIST FOR APPROVAL DEPENDENCY GUARDIANSHIP

CHILD'S NAME		DATE OF BIRTH
NAME OF PROPOSED GUARDIAN(S)		NAME OF SOCIAL WORKER
<p><input type="checkbox"/> This case has been reviewed in a shared planning meeting with the required participants, including the child if (when appropriate according to the child's age and developmental capacity), the potential guardians, and current caregivers if different from proposed guardian. Input from child was considered at the shared planning meeting. (Please attach completed Shared Planning Meeting form with the sign-in sheet)</p> <p>Was adoption ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain why and describe efforts to seek an adoptive home for the child.</p> <p>Was there discussion with the current resource/caregiver family regarding their interest in being a potential adoptive resource for the child in their care? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> CA social worker has complied with all Indian Child Welfare requirements with respect to the child.</p> <p><input type="checkbox"/> A thorough and ongoing relative search was conducted and documented.</p> <p><input type="checkbox"/> Placement with siblings was considered.</p> <p><input type="checkbox"/> The proposed guardian is aware of the responsibilities of custody. (Declaration or Affidavit has been signed by proposed guardian(s)).</p> <p><input type="checkbox"/> The proposed guardian is informed and prepared to manage any court ordered visits with birth family members.</p> <p><input type="checkbox"/> CA has provided disclosure of information about the child to the proposed guardian, in order to properly care for the child. (Court reports, child's medical, educational needs, evaluations, etc.)</p> <p><input type="checkbox"/> The proposed guardian has an approved home study. (Case Services Policy Manual Section 3240, Practices and Procedures Manual Section 4261, RCW 74.15.090).</p> <p>The social worker and the proposed guardian(s) have discussed and agreed upon the reimbursement level. The reimbursement level is \$. SSPS Codes: Please explain what conditions and/or exceptions exist to justify the reimbursement level?</p> <p>The reimbursement level is justified. <input type="checkbox"/> Yes <input type="checkbox"/> No No supervision is required; therefore there will be no Private Agency Fee. (Borrowed bed fee may be maintained in order to maintain foster care license.)</p>		
COMMENTS:		
I approve the establishment of a Dependency guardianship for this child. <input type="checkbox"/> Yes <input type="checkbox"/> No		
REGIONAL ADMINISTRATOR (OR DESIGNEE) SIGNATURE		DATE